

# Doing and Being in the Atmosphere of the Doing: Environmental Influences on Occupational Performance in a Nursing Home

NETTA VAN'T LEVEN<sup>1</sup> and HANS JONSSON<sup>2</sup>

From the <sup>1</sup>Department of Occupational Therapy, University of Professional Education, Hogeschool Rotterdam, The Netherlands and the

<sup>2</sup>Division of Occupational Therapy, Department of Clinical Neuroscience and Elderly Care Research, Karolinska Institutet, Stockholm, Sweden

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The aim of this study was to explore how elderly residents perceive supports and constraints of the nursing home environment on their occupational performance. Interviews were conducted with 10 residents in one nursing home in Rotterdam, The Netherlands. The constant comparative method was used for data-analysis. Three themes were found: continuity of some familiar occupations of personal interest; self-determination and control in daily activities; and social contacts with people. In reference to familiar occupations this study showed that some persons need to continue performing such an occupation themselves while for others being in the atmosphere of the doing might fulfil the same need as the actual doing. The importance of recognizing this type of adaptation and its implications for a possible expansion of the concept of occupational performance is discussed. *Key words:* activity, elderly, nursing home, occupational science, occupational therapy, qualitative methods.

## INTRODUCTION

Elderly people are a growing group in the societies of Europe. There are and will be more elderly people, and they will grow older and older during the coming decades—the so-called “double-ageing” phenomenon [1, 2]. Therefore a reorientation of legislation and regulation, as well as a new orientation in the policy regarding the elderly population in society, is necessary to meet the challenge presented [3–5].

Elderly persons in need of long-term care often have to adjust their occupational performance not only according to their disabilities, but also to the way in which the care service is provided. In addition to the disabilities of the person, the way long-term care is provided could be an extra barrier to optimal occupational performance. Referring to Barton & Platts one could state that “people in hospitals suffer from two types of illness: one related to their admission, and one created by their stay in the setting” [6, 7]. In The Netherlands many of the services for elderly persons needing long-term care are matched to housing facilities, such as a “dwelling house”, a nursing home, or assisted-living complexes. Supporting features of those housing facilities are obvious: accessibility for wheelchairs, meals and housekeeping, assistance in personal care, and medical care. However, living in such a care facility is often an involuntary choice and a last resort. Rigid regulations, a restricted time schedule, mixed lifestyles, and lack of privacy could be difficult for the residents [8, 9]. There is an obvious risk of people in these types of institutions falling into passivity or resistance, be-

cause the institutional environment does not meet their individual needs [10].

Several new policies within long-term care came through from different disciplines in The Netherlands, especially on the “dwelling” aspect, such as living in groups based on lifestyle, use of private furnishings in a residence room, and more privacy [10–12]. Maintaining occupational performance seems important to maintain identity, feelings of control and satisfaction in life. Research has demonstrated that engagement in ordinary daily activities is health promoting and significantly affects psychological well-being to a greater extent than do major life-events [13, 14]. The environment is a supporting factor in maintaining everyday activities, especially for elderly persons with diminishing capacities [15]. From this perspective it is important to know how the environment supports and constrains occupational performance. An important consideration is the possibility for continuing to engage in meaningful occupation.

Several authors in the field of occupational therapy describe the relationship between occupational therapy and the environment [15–18]. These authors distinguish physical, social, cultural and “institutional” (legal, political, economical) factors in the environment. The physical environment is described in tangible parts, as well as the level of actions and activities to do in the home. The cultural, social and institutional factors are globally defined in such terms as: roles, values, beliefs, routines and activity patterns. However, these theories and models focus on

an overall level of the influence of environment on occupational performance, and not for example on the residential environment in a long-term care facility. Neither do they address the needs of frail elderly persons in these long-term care facilities [19].

In other disciplines, mostly psychology, the relationship between (institutional) environment and behaviour has been the topic of studies [5, 9, 20–24]. However, these studies often do not consider the link to occupational performance. Studies about elderly persons, occupation and environment are directed to aspects such as independent living in the community [25–28], the role of occupations for elderly persons living in the community [29, 30], and to activities for nursing home residents and quality of life in residential care settings [31, 32]. These studies underpin the importance of choice and the importance of activities for enabling elderly people to maintain subjective well-being and participation. However, these studies do not focus on how the residents themselves experienced the nursing home environment and its effect on their occupational performance. Since elderly people needing long-term care will be a growing group of clients for occupational therapy, it is important to enhance knowledge about how they experience the effects of the long-term care environment on their occupational performance. The overall aim for this study was to explore how elderly persons in an institutionalized care service experience supports and constraints of the environment on their occupational performance.

## METHOD

### *Design*

A qualitative design based on interviews, focusing on participants' lived experiences, was chosen for this study. In order to achieve insight into the experiences in daily life, it is important to let elderly persons talk about their own experiences. A phenomenological approach inspired the study, since it can bring elderly persons' everyday experience to life [33–37]. The design of the methodology also included the researcher becoming familiar with the environment in the nursing home [33, 37, 38].

### *The nursing home environment*

One nursing home was chosen on the basis of it being up to date according to existing insights and policies in care for elderly people. It is situated in the centre of Rotterdam, the second largest city in The Netherlands. This nursing home adheres to an "open-house" philosophy that means residents are free to go where they want and to choose what to do.

A weekly activity programme is offered. The residents who were interviewed joined one or more of the following activities: gymnastics, a discussion group, a morning coffee group, listening to music, mental gymnastics, needlework, gardening, a cooking group (Dutch and Surinam), playing cards, watching movies, a nail studio, residents' committee and also shopping and other trips. Five of them attended church services, four of them attended physiotherapy for maintenance of mobility and two of them attended occupational therapy for training in how to use an electric wheelchair.

### *Participants*

Permission from the nursing home was granted and the researcher was provided with the names of persons who could be asked to participate in this study. Inclusion criteria were ability to express self verbally and normal cognitive functioning according to the diagnosis. In total, 12 residents were asked to participate. Finally the study group consisted of eight women and two men, aged between 62 and 92 years, from different departments in the nursing home. All were limited in their motor and sensorial functioning. Cognitive functioning was normal, according to the diagnosis, although some very elderly persons mixed up past and present in their answers. Four persons had severe speech difficulty, nearly all of them needed total assistance for personal care and toilet hygiene, six persons could not move themselves with their wheelchair and six needed assistance for eating and drinking. The length of their admission varied between 1 month and 29 months. Four participants were married; the others were single, widowed or divorced. Two participants had a Surinam background. The others came from several districts in Rotterdam with different living standards. Nine subjects shared a three- or four-bedded room; one had a single room. Nine respondents suffered from severe impairments before admission because of their chronic, progressive course of disease, such as Parkinson's disease, clinical pictures with severe tremors, transverse lesion, hip fracture, and their infirmities of old age. One respondent was admitted to the nursing home because of her impairments after suffering a CVA. Altogether the participants represented normal variation in gender, marital status, social background and age.

### *Data collection*

An interview guide was developed based on the following themes: present and former activities and daily schedule; perception of present and former so-

cial, cultural and physical environment [9, 39]. The interview guide merely supported the researcher in keeping the interview focused. After an introduction, the researcher started with a question such as: "can you tell me what your day looks like?"

A pilot interview was done to test the interview guide and to get the researcher acquainted with the interview situation. According to the pilot interview no changes were necessary. Evolving themes during the first interviews were integrated to guide subsequent interviews, as recommended by Glaser & Strauss [40]. Before the interview, the researcher visited each participant to explain the purpose of the study and to make an appointment for the interview. The interview took place in a small office for all participants, except the one person who had a private room.

The interviewer had a role stimulating the narrative during the interview, showing interest and accepting the interviewee's view on the topic, trying to get deeper into the issue, and asking probing questions. Following Kvale, the first step for supporting trustworthiness is to start asking control questions during the interviews. The interviewer is also advised to take notes during the interview about non-verbal reactions, and to make field-notes immediately after the interviews about the actual environment, the interview method and the first reflections of the researcher on what is learned from the interview [37, 29]. These procedures were followed for this study. The interviews, which lasted about 1 hour, were audiotaped and fully transcribed.

#### *Data analysis*

The final data analysis started after completion of all the interviews, although some initial analysis was done during the collection of data as described above. The analysis process followed the steps of the constant comparative method [34, 37, 40]. In the first step the audiotapes were compared with the transcripts of the interviews. If necessary the transcript was corrected and some notes about non-verbal information were added to the written text. The transcripts were then read several times to get a clear understanding of the content. During this first step the researcher has to put aside, as far as possible, pre-assumptions and knowledge of theoretical models, in order to be open to the text. Based on repeated readings of the transcripts, categories of data emerged. For each interview a summary with conclusive remarks was written. The first analysis of the transcribed interviews showed the following categories: the subjects' actual and former activity pattern, the subjects' perception of the social and

physical environment in the nursing home and in their former environment, and the importance of the environment for the interviewee.

The second step in the analysis involved a comparison between the participants. Based on comparing the interviews, overarching themes were developed [34]. The back-and-forth process of comparing similarities and differences in the interviews with the participants continued until no new categories were found. The process of comparison involved the summaries for each participant, who was compared with each other participant. Next, the original transcript was checked frequently with the conclusions in the analysis. The analysis of all the interviews resulted in three larger themes based on the categories. These three themes were present in each interview. The themes were: continuity of some familiar occupations of personal interest; self-determination and control in daily activities; social contacts with people in the vicinity.

## RESULTS

### *Theme 1: Continuity of some familiar occupations of personal interest*

The participants talked about their present and former occupations and how they related to their preferences and interests. Although some participants had given up some activities because of old age, moving to the nursing home did not change their interests in activities like reading, watching television, needlework, writing, having a drink, doing household activities, or attending church services. They look for quiet places in the nursing home to do individual leisure activities. A place with a table is preferred. The participants would like more places for watching television, alone or with others.

Next to individual activities, most participants joined in some of the varied group activities offered. Most of the participants also visited one-time events, like shows, bingo etc., but these events seemed incidental in their view rather than belonging to their regular activity pattern. Two participants distanced themselves from other residents and the nursing home system. They rarely joined group activities. Participants who attended physiotherapy and occupational therapy talked about it as a necessary activity, but did not perceive that it played an important role.

The interviewees attended varied activities. It was striking that all mentioned one or two activities, done individually or with others, that were meaningful to them. These activities brought about a feeling of "having done something" instead of passing the time. They connected to former activities. For example, participants showed great involvement in the "coffee

morning", a group conversation about a topic of current interest—"you can really talk about something"—and the cooking groups, a Dutch as well as a Surinam one. To maintain one or two activities of personal interest seemed necessary for most participants. One participant expressed this as "*an activity that has to do with me, as I always have been*". It not only connected to former interests but also helped to maintain identity.

The analysis shows two forms of participating in meaningful activities: *doing themselves* and *being in the atmosphere of the doing*. Some participants wanted to perform a meaningful activity themselves. When the result did not meet their personal standard, they took leave of it. "*I like needlework very much, but now I am bungling*". For those persons the doing gives pleasure, often in the companionship of others. Individuals make an active choice for certain activities.

Others are not missing the doing as such, but are experiencing that being in the atmosphere of the doing might fulfil the same need. One woman, not able to do needlework or play cards herself, says: "*I join the others, I really do, I help them, I like to be there!*" Another participant answers the question regarding how she spends her days: "*Yes, I think, I do a lot and I do nothing*." She does not attend special activities in the group programme but likes to be with others doing something. The atmosphere and belonging to the group is more important than the actual doing. For these participants the doing is not the most satisfying aspect of occupational performance, but being in the atmosphere allied to this performance is what has meaning. For example one participant said, "*for me personally there is nothing special to do*". At the same time the participants were describing being together and watching videos or having a drink in the central meeting place.

## *Theme 2: Self-determination and control in daily activities*

All participants reported that they have to wait for help too often and too long. A few participants did not mind this but for most it was perceived as a major constraint to their autonomy, in that it stresses their dependency. The participants expressed the need to feel in control of their occupational performance. However, because of their dependency in almost all everyday activities for personal care and leisure, they need a lot of assistance. They said that they felt strongly dependent when they had to wait for the help they needed, for example toilet hygiene, eating and drinking, and transportation. The participants mentioned personal

care activities mainly in the sense of "waiting for help" and dependency, not in the sense of performing the activity. It seems they had accepted that they were not able to perform the activity themselves. In their living circumstances in the nursing home the uncertainty of getting assistance when needed was felt to be very problematic. One person stated: "*I am just sitting and waiting [on the toilet] and I have to call for somebody again and again, and I feel nasty*." Several persons mentioned a desire to have a shower more frequently. If children or relevant others visited daily or several times a week they contributed to the daily care and diminished the subject's feelings of dependency. However, most participants had family visits once a week or less frequently. Those persons were to a greater extent dependent on the nursing home personnel.

The participants also expressed a wish for more choices. In this perspective, they especially mentioned meals. The choices on the menu were too limited and they had to choose their menus one week in advance. Often the way the food was prepared was different from the way to which they were accustomed. Participants from minority cultures also expressed a desire to occasionally have meals from their own culture.

Feelings of lack of safety and loss of control were another important topic in the interviews. Clothes were often lost or treated badly in the central laundry, and also personal provisions and money were lost. Participants said they suspected temporary personnel were responsible. One person was sleeping with her handbag under her pillow. Individuals do not have control of activities like storing clothes or property. When asked, nobody was able to take belongings or clothes from a wardrobe or to store things in a cupboard. Staff always had to assist in these tasks.

One person explained that it is annoying for staff to know all intimate things: "*it does not feel free*". Others dealt with this lack of privacy by stressing that their thoughts were private, expressed in the manner: "*they do not know much of my individual life*". Most of the participants would prefer a single room, for reasons of privacy. Interestingly, in this matter, however, privacy reasons were given lower priority than other reasons. Participants ultimately gave higher priority to a shared bedroom because of the possibilities for social contact and feelings of personal security. These reasons became more important than the need for privacy. One statement was: "*Someone can call for me, if I need help, or I can call for the other woman, if I see she is not well*".

### Theme 3: Social contacts with others around

The opportunity to have contact and conversation with others is of major importance to the participants. They needed contact with others to manifest themselves as a part of a community. One of the participants said: *"We sit together in the living room, and everyone says something. That's life, that's cosy."* *"You know, we always had a drink together, we both went downstairs, and well, I had a friend in him."* *"Yes, and lady B, well, I can laugh with her!"*

Unfortunately, the participants described difficulty in establishing contact with roommates. One statement was: *"I say good morning to everyone, but get no response at all."* Problems in social communications were experienced as very irritating, for example in the bedrooms or living rooms of the nursing ward. Deafness, dysphasia or a soft voice and a lot of noise around them in the rooms might have been contributing factors but also different preferences and interests could be reasons behind these problems. Also, different languages provoke distance between persons of different cultural backgrounds, as this statement shows: *"Between themselves they speak their own language. That is irritating."*

Many residents join in activities, often with the main purpose of being together with others. With the assistance of personnel who initiate communication, they do make contact with others during these activities.

Contact with relatives and friends was another important aspect of how the environment influences the participants. The role as host/hostess was important for having visitors. The central meeting place, the annex bar, provided them with the opportunity to offer some drinks and sweets to family or friends, and they could even invite guests for a meal in the restaurant. Visits of relatives and acquaintances were very important to the participants and made them feel acknowledged. Visits also mean continuity in relationships, but the participants emphasized contact with other residents as a main supporting factor in the environment. Only one participant mentioned personal contact with a staff member as of special importance. For the other participants relatives and contacts with fellow elderly residents and visitors were the important social contacts.

## DISCUSSION

The focus of this study was the supports and constraints of the nursing home environment on occupational performance. The most important findings in this study were the two forms of occupational performance that were experienced: "doing" and "being in the atmosphere of the doing". They highlight an

important possibility for expanding the view of occupational performance, especially as regards persons with severe disability. With his concept "being in place" Rowles outlines that occupational therapists traditionally focus on the doing. In a critical remark he points out that this may lead to *"a therapeutic focus on instrumental relationships.... A second implicit assumption is an underestimation of persons' ability to respond creatively to incapacity and to compensate ... for particular dysfunctions through lifestyle adjustments, psychological accommodation, or enhancement of other domains of their lives"* [41]. Rowles argues that being in a familiar environment with historical and cultural importance could be viewed as an important part of a person's performance. While this certainly is not true for the participants in this study it connects to the creative view on the term "being" that is outlined by Rowles. For persons with severe handicaps a shift from "doing" to "being in the atmosphere of the doing" could be seen as a lifestyle adjustment. It can be seen as a creative strategy for enabling a person to be involved mentally although not directly in the doing of occupations. Furthermore, "being in the atmosphere of the doing" was experienced as having the same or a very similar quality as the actual doing. Interestingly participants could answer that they did a lot and at the same time that they did nothing. This finding implies that an activity programme in a nursing home should be designed in such a way that it allows both types of participation. Otherwise it is easy for the "non-doer" to experience him- or herself as an outsider and not gain the benefit from the activity. As one interviewee stated: *"There is not much done at all, not for me personally."* The experience of occupational performance as found in this study is not automatically connected to the active doing but rather to the environment where the action is. To incorporate "being in the atmosphere of the doing" into the concept of occupational performance could expand and enrich an occupational perspective of the human being. In this perspective, people with severe disability can adapt creatively, and experience "being in the midst of the doing context" as being as stimulating as the actual doing.

In the results of this research, some activities were described as mainly passing time for the participants. These might be seen as unnecessary activities. On the other hand, it is important to recognize that most people spend time in their daily activities where the main function is passing time. With this in mind, the aspect of passing time could also be seen as a more relaxing and unchallenging part of a normal occupational life. Of course this is only true under a condition where personally challenging and interesting occupations are a part of a person's occupational life.

Social contact can be distinguished in contact with other residents, contact with care providers and contact with family or acquaintances. In this study contact with other residents seemed to be the most important social contact. A recent Dutch study with focus groups among elderly persons in a nursing home came to a similar conclusion, finding that "contact with fellow residents is most important to perceive quality of the living atmosphere", where personnel have a supporting role in social relationships [42]. The same study also confirms findings in this study regarding self-determination and control. The study report states that residents need "room, physically, socially, as well as mentally" [42]. Other empirical studies with pre-structured categories by Kane *et al.* [24] and Duncan-Myers & Huebner [32] also showed that participants attach importance to choice and control over matters such as bedtime, rising time, food, roommates and care routines. According to Proot [43] autonomy can be distinguished in self-care, independence and self-determination. She found a relationship in her study between the potential of a person and her/his need for all aspects of autonomy. Since the participants in this study were severely impaired, autonomy may be condensed into self-determination. Thus the way assistance is offered must give opportunities for individual decision making. Unfortunately, shortcomings in nursing resources are obvious in Dutch nursing homes, so residents are also dependent on the way nurses and nursing auxiliaries handle limited time and attention.

O'Connor & Vallerand found an interesting relationship between the degree of self-determination available in the environment and motivational style. "Residents with self-determination motivational styles were better adjusted when they lived in homes that provided opportunities for freedom and choice, whereas residents with less self-determined motivational styles were better adjusted when they lived in high constraint environments" [44].

This study is limited to elderly persons in one nursing home. Residents of nursing homes represent only a small portion of the total population of elderly people needing care services in The Netherlands [1]. Nevertheless, this is an important group exemplifying the problems of people in the vulnerable years in their most extreme form [9]. According to formal policies, beds in nursing homes for somatically ill elderly persons will be diminished [2, 5]. Although now and in the near future other facilities will be developed on a larger scale, those care services will also have a permanent impact on the living environment of elderly persons.

Housing and care services will be separated in formal regulations and financial resource terms. This

development will support choice, so elderly persons can choose what kind of living situation they like and what they can afford themselves [45]. This policy will support the need for choice and control, and meet individual preferences for a living environment. On the other hand, care services are regulated more to a principle of solidarity and equal rights. New regulations recommend "customized care", and it is hoped that this process will continue.

In conclusion, the result of this study highlights the following environmental influences on occupational performance for elderly people in a nursing home. First it is important that the residents can perform one or more activities that are experienced as a continuation of familiar occupations. Second, occupations should be organized so that they provide both active doing and *being in the atmosphere of the doing*. Third, self-determination and control in everyday occupations are extremely important. Fourth it is important to provide opportunities for social contacts and activities with fellow residents.

Further study is needed on how to assess individual needs for each resident, and to assess the function of an activity as one of personal interest, a place to meet others or a comfortable way of passing time. To contribute to this process occupational therapists have to remain focused on the core of occupational therapy: supporting a person to gain occupational competence.

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*Accepted September 30, 2002*

*Address for correspondence:*

N. van't Leven  
Department of Occupational Therapy  
University of Professional Education  
Hogeschool Rotterdam  
The Netherlands



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